


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90237 009 ***150.00

DOCUMENT # P 99000074966
1. Entity Name
Pristine Peaks, Inc.



00100000

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>14100 US 19 No.</u>		3. Mailing Address <u>14100 US 19 No.</u>	
Suite, Apt. #, etc. <u>Suite #118</u>		Suite, Apt. #, etc. <u>Suite #118</u>	
City & State <u>Clearwater, Fl.</u>		City & State <u>Clearwater, Fl.</u>	
Zip <u>33764</u>	Country <u>USA</u>	Zip <u>33764</u>	Country <u>USA</u>

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4. FEI Number <u>59-3601108</u>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required				
7. Name and Address of Current Registered Agent						
				Name <u>G.L. Costa</u>		
				Street Address (P.O. Box Number is Not Acceptable) <u>14100 US 19 No. #118</u>		
City <u>Clw.</u>		FL	Zip Code <u>33764</u>			

6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE G.L. Costa, G.L. Costa DATE 4-29-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President Costa G.L. 14100 US-19 No. #118 Clw., Fl. 33764</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: G.L. Costa, G.L. Costa DATE 4-29-03 Filing Photo # 727 535-4587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CIR2E034B (12/02)